

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em;">91621,788</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		1			52						
3		2		2			53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
10		1		1			60						
11		1		1			61						
12		1		1			62						
13		2		2			63						
14		2		2			64						
15		2		2			65						
16		1		1			66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1		1				TOTAL IND.						
TOTAL DEP.	20		14				TOTAL DEP.						
TOTAL CLAIMS	21		15				TOTAL CLAIMS						